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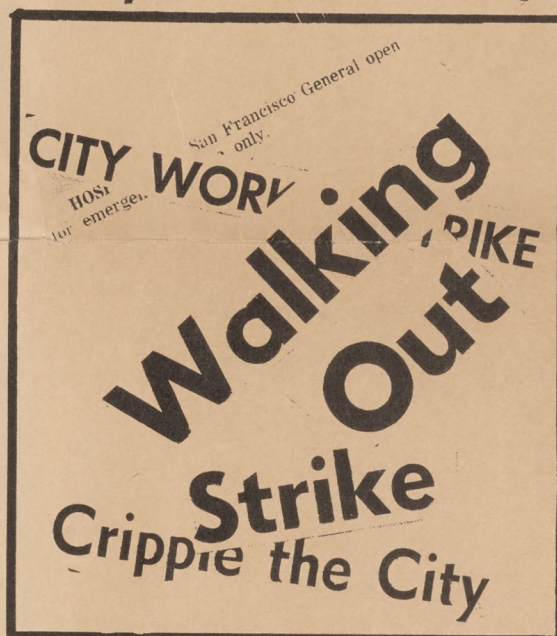
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news

SFGH and the Mass City Worker Strike



As midnight approached March 6, 1974, mass media had come out with the news that would make sleeping easier for workers across the City that night, knowing what to anticipate in the morning: Mayor Alioto and union leaders had agreed to postpone the strike for 24 hours to allow for negotiations to take place between unions and the Board of Supervisors. With the arrival of daylight, however, at San Francisco General Hospital, it was apparent that the rank and file-called strike was as real as the presence of the picket line and the closed hospital gates.

Calling the strike were the hospital's two locals 400 and 250 of the Service Employees International Union (SEIU), and supporting it was Local 96 of the American Federation of State, County, and Municipal Employees (AFSCME). Membership and union support within the hospital is not substantial, and there was no evidence in the days prior to the strike of widespread understanding of the issues involved. However, though provisions made by those calling the strike for adequate maintenance of patient care were not evident, many workers stayed home. At a time when the frustrations of every day living were augmented by tremendous inflation (8.9% for San Francisco) and the national "energy crisis" that meant soaring gas prices and long lines, the Board of Supervisors' offer of a 2% wage increase for "miscellaneous" county workers, was seen by many as meager and unacceptable.

As Friday arrived and passed and negotiations were unproductive, support for the SEIU-called strike spread like fore across the City. Schools were closed in a teacher walkout to demand, among other things, better wages; the sewage treatment plant halted its operations; and the intake of patients at the hospital was drastically reduced. When on Friday Municipal Railway workers began honoring the lines, City residents began feeling the loss of customary services.

From the first day of the strike, the hospital suffered internally from the atmosphere of confusion. In what was considered by many to be highly irresponsible leadership on the part of administration, several attempts by the unions to negotiate a staffing plan, both before and during the strike, were thwarted by the administration's breaking off communications. As evidenced by the conspicuous absence of an essential worker list at the hospital gates the first day, this lack of specific provisions for emergency services contributed substantially to the confusion.

Throughout Thursday and Friday, March 7 and 8, administration handled dwindling numbers of personnel by transferring patients and sometimes entire wards to other hospitals for treatment. Friday, Saturday, and Sunday, though striking workers on the lines were assured by their representatives of the hospital's continued functioning, there was among personnel inside, the surfacing question: Will the hospital stay open at all? At last, Sunday night the 10th of March, there came the Board of Supervisors' scare lockout threat, perhaps designed, too, to stimulate anti-strike community sentiment: Dr. Curry, the Public Health Administrator, will close the hospital. This, Dr. Curry tacitly refused to do, as expressed in a press conference Monday AM.

Using this threat and the expressed wishes of working personnel to help keep the hospital open for emergency services, a budding interns' organization served as a catalyst to communication between the union representatives and administration by calling a general hospital meeting Monday afternoon. Attended well by nurses, doctors, administration representatives, social services workers, union reps and members, the discussion again opened up communication lines and seemed to engender a sense of unity in supporting a hospital open for emergency services. In spite of this sentiment, as a result of what the union negotia-

tors considered to be a show of bad faith on the part of administration, negotiations were again broken off in arranging a staffing list.

Though an important element, the hospital struggle was only a part of the City strike effort. As the work stoppage continued, a settlement was being negotiated by the union (SEIU) negotiating committee, a large one and, for the first time, composed of rank and file members. Agreement was reached Friday evening, the 14th of March and brought to rank and file for vote Saturday afternoon.

Considered by union supporters to be a victory for unions in the role of bargaining in the interests of their members, the agreement included an across-the-board increase in wages of \$600 for all "miscellaneous" workers, which includes members of SEIU and Local 96.

The City-wide work stoppage, especially as it affected the county hospital, has brought to fore some important questions involving the significance of the current status of public hospitals across the country and the changes reflected in health care delivery.

An analysis of the strike and its implications will be forthcoming through MCHR.

MCHR ACTIVITIES

PRISON HEALTH

The prison health project has been active in exposing the inadequate health facilities and the use of medicine for control of prisoners in the state prisons, chiefly San Quentin. We have answered prisoner requests for help and have successfully intervened in emergency situations in the State prisons, where prisoners with life-threatening conditions were being ignored. We are currently working with ex-prisoner groups and prison support groups in an effort to have the health care system removed from the control of the Department of Corrections. At the Federal and State levels, we are

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working to oppose the building of the New Metropolitan Correctional Center and the two new maxi-maxi State prisons. We are also working with the Sheriff's department to set up a health screening process in the county jails.

In the areas of the psychiatric and behavioral control approach, we have been active in opposing the proposed violence center at UCLA and work with community and ex-mental patient groups on exposing the use of behavior modification, psycho-surgery, aversion therapy, and forced treatment for social and political control.

For more information, contact Dick Fine or Phil Shapiro through the MCHR office.

occupational health & safety

The idea of the Bay Area Committee on Occupational Safety and Health (BACOSH) grew out of the Shell Strike Support Committee in the summer of '73. The first meeting consisted almost exclusively of health workers, several of them MCHR members. They agreed on the importance of involving trade union members in the organization and in the development of a rank-and-file course on health and safety in the workplace. By the second meeting, comprising some 12 people, half the participants were trade union members.

The initial curriculum proposal, drafted by health workers, was constructively criticized and completely revised by the trade unionists. Subsequent meetings refined the content of the course, focusing on how workers could detect job hazards and what they could do to protect their health.

Over a dozen union organizations, SESPA (Scientists and Engineers for Social and Political Action), and MCHR endorsed the sessions that were presented from February 4 through March 11 at the Printing Specialties Union Hall in Oakland. A total of 84 persons registered in the 6-session course. Active trade union rank-and-file members, coming from production and service industries, made up the outstanding majority, with a sprinkling of health workers and students.

Among the areas covered in the course were the legal aspects and limitations of OSHA and Cal-OSHA; the hazards of ...

SUGGESTED READING...

1. A Health PaC (Policy Advisory Center) Packet: "The Demise of Public Hospitals."

2. MCHR publication: "Health Hazards in the Workplace," Occupational Health Project.

3. Witches, Midwives, and Nurses: A History of Women Healers by Barbara Ehrenreich and Deirdre English. Write to Dept. H., The Feminist Press, Box 324, Old Westbury, N.Y., 11568.

FARMWORKER SUPPORT GROUP

As the icy-fingered picketers stream wearily in for hot coffee and talk, the clinic floats a little on the buoyant determination of the farmworkers. The patients in the waiting room join in the camaraderie as their friends warm up to jovial animation. At times like this, graphically portrayed is the ideology behind the clinic's very existence, that the Union is the clinic; the clinic is the Union.

One of four such clinics, the expanding United Farmworker Union Salinas Clinic, administered by Margaret Murphy, still continues to operate daily, with several doctors working part-time, covering weekly, or bi-weekly clinics with a small staff of volunteer and paid nurses, lab techs, and translators. Every Saturday morning, there is a teaching session for all staff members on a medical or health-related topic, or on a particular patient.

MCHR members have, since December, 1973, assisted with the Friday or Saturday clinics, and, in addition, have been rounding up equipment and supplies to use at the clinic. As the clinic's operational efficiency improves, and the patient load increases, needs for space change. Because of these changing needs, work was begun the weekend of April 6, to partition off within an already existing room, a nurse's exam area to augment the two existing exam rooms.

As the farmworker effort intensifies with inland valley field strikes this Spring, the Salinas clinic expects to

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... dust and vibration; physical and emotional stress on the job; and organizing tactics workers can use around the issue of occupational safety and health. Each panel was composed of trade unionists and technicians. There was lively floor discussion in every session, with workers raising questions about specific hazards they face on the job and describing experiences with OSHA inspection. Several panels had testing equipment for different types of hazards and showed workers how to use them.

maintain a heavy patient schedule to accommodate the influx of workers to the area.

The urban counterpart to the rural strikes continues to be the boycott, now this Spring concentrating on Gallo and allied wine companies. In an effort to support the movement, MCHR members are working with the San Francisco UFWU Organizing Committee to raise funds and disseminating information at San Francisco General Hospital. In addition to a noon information table, set up and maintained by hospital workers the week of April 1, the newly-formed SFGH Friends of the Farmworkers put on a noon program April 25, featuring slides and a talk by Margaret Murphy. The group is now directing its energy at, among other things, removing the scab head lettuce from the hospital kitchen.

Interested people can call Robin at 431-3229.

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A number of workers attending the course have indicated an interest in getting actively involved with BACOSH --to develop on-going projects that will offer workers tools for monitoring their own work environments.

Regular meetings are taking place. People with specific interests in actively participating, please call Jack Razmus, Secretary-Treasurer, at 655-4147.

NEXT MEETING:

Mid-June; date forthcoming

HEALTH WORKER NEWS

If Assembly Bill 3124, which has already passed the California Assembly, passes the Senate, registered nurses will have a legal base for the responsibilities and activities they have assumed since the current archaic law, the 1939 Nurse Practice Act, was enacted.

MCHR MEMBERSHIP

Please clip and return to MCHR, P.O. Box 7677, S.F. CA 94119

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☐ I would like to join MCHR. Enclosed are dues of \$ _____

☐ I am making a contribution of \$ _____ to MCHR.

☐ I pledge \$ _____ each month to MCHR, beginning _____

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up to \$15,000	.3%	\$30-45 _____
up to \$20,000	.4%	\$60-80 _____
above \$20,000	.5%	\$100 up _____

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☐ I would like more information on MCHR's _____ project.

Dues and contributions are tax-exempt.